EXHIBIT E

	se identification FORM 0	
	1.3500801011/6192	
	PHYSICIAN STUDY NUMBER LOGIN DATE	-
NTER _	Admission log 1 Surveillance clinician 4 Discharge log 6 ER log 2 Direct referral 5 Other 7	5
VRm.	ER log Z Direct referral 5 Other 7 CAT/MRI log 3	
אס או-ב ז)	SAH ADMISSION DATE 0 115 195	,
TCHING	PARTHDATE [AGE] GENDER ETHNIC GROUP HOME TELEPHONE Check box, If none [] F (L) Black 1]
OTERIA My with Mojecti	0교 <u>교</u> 조 (조건) M 2 Non-blad② (조건강) 조작 /-:	_
. 43 1		
VENT REENS	NO 001 No hemorrhage If not eligible, describe event: 4	
IGIBLE	003 Hemorrhage > 30 days prior 999 No information on event available	
atagory n applies:		
eligible. omplete	YES 000 Type of hemonthage: Intraparenchymal 1 SAH 6 Other 3 Uncertain 4	
om 0 2]	Source Medical Records [10/12719/ 300	
· · · · · · · · · · · · · · · · · · ·		
	NO 101 Reasons:	
PROVAL STAINED ave blank	NO 101 Reasons: YES 000	:
PROVAL TAINED ave blank	YES (000)	
PROVAL	YES (000) Source 1 0 27 98 3 03 DATE STAFF	
PROVAL TAINED Ive blank	YES Q000 Source I J O / P 7 198 & O.3 DATE STAFF CHECKLIST YESNO/D. Clinical stroke syndrome X: !	
PROVAL TAINED are blank of sought!	Source 1 0 P 7 9 8 3 03 DATE STAFF NO 201 No hemorrhage Clinical stroke syndrome X 1 1 2 2 2 2 2 2 2 2	
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PROVAL TAINED ave blank of sought] DNSENT ITAINED active first regory that offer fewer of event	Source	X

HSP Cas	se Identification	FORM
	NAME	essale Semena
CASE	₹UE	WORKDAY PHONE(S)
ADDRESS	STF-L	
	CINCIUNATI OLIO 15223	(5/3) 54/-
	CITY ZIP	HOME/EVENING Phonelay
* 32 66 1		& Hourse -
	NAME	RELATIONISHIP TO CASE
	(SAME)	
PROXY	STREET	WORKDAY PHONE(S)
		(-,-) = 41.1
	CITY ZIP	(5/3) 541-(HOME/EVENING PHONE(S)
	Car	:
	MONE	RELATIONSHIP TO CASE
	NAME	REDITIONSHIP TO COM.
CONTACT		WORK/DAY PHONE(S)
#1	STREET	
		HOME/EVENING PHONE(S)
	CITY ZIP	HOME EVENING FROM ED
	NONE	
	NAME	RELATIONSHIP TO CASE
CONTACT		
#2	STREET	WORK/DAY PHONE(S)
	CITY	HOME/EVENING PHONE(S)
ers M		
Notes:		
i !		
INTERVI		STAFFREASON
į	REASON INTERVIEW NOT COMPLETED	
CASE O	21/3 198	13031
_	21 141 98	13031
1 -		13/01
	21 12198	13101
CIT B O	2111 198	

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-	Even A	2012/02/2012	
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(A) (A) (A) (A)	^ ((•) a i (2) (•)	- 1 @ 18 = 50 ·	19,122,63

FORM 02

estion mukees 3.5 - 6.0 80

FIRST 3 LETTERS OF LAST NAME

e[[:::=:::			·	(Vertical and a
	DESCRIPTION DE NEUROLOGIC EVENT	-		
		· ·		
1	IN THE SYMPHOMS Source of date: Med. record . Do	ctor		
	MILEGRAS RECORDS INDICALS. NO SISHINGERAT PAST	-		Yes No
			Heedeche Names	1 2
	TIODEN TOORY TOWN BY HUSKAND ON		Vomiling	1 2
	501413-98 ONE hour Offer Leaving for work at 6:00	Art Latente	d wadnes	1 2
28 Bb 76	SLUMPED OUTE IN SPATOR VAN BOSTROINED	Memory problem	nciaulincolun	⊕ • 2 •
in in the second	BES parisive But NOT coherent, NOT verbasion		fouble vision Other	1 2
₽1.				$\mathcal{F}_{\mathcal{F}_{\mathcal{F}}}$
	(MINIOR DAMALE TO WAN)	Date &	<u>으 / _ </u>	
1.		of		
		Symptom Onset	oc o	
			 	<u> </u>
		*	:	·
				*
·	POCCUPITATIO A OTRATEO			, .
2	PRECIPITATING ACTIVITIES Source of data: Med. record Do	ctor wurse	□ :	
1	DRIVING TO WORK	•		
1	$\boldsymbol{\nu}$			Yes No
			ocual activity oviniclustics	Yes No 1 2 1 2
		Defecution Exercise bitter of	n/michalica; orth/ activity	Yes No. 1 2 1 2 1 2 1 2 1 2
		Defection Exercise officer officer Strong emo	n/micharillon orthul activity dion/arguing eating/alting	1 2 1 2 1 2 1 2 1 2
		Defection Exercise officer officer Strong emo	n/micharillon orthul activity dion/arguing eating/alting	1 2 1 2 1 2 1 2 1 2
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3.	ACTIONS TAKEN Source of data: Med. record 🔀 Do	Defection Exercise bitser eff Strong emi Steepingf	n/miclurillon ortiul activity illon/arquing eating/aiting Other	1 2 1 2 1 2 1 2 1 2
3.	ACTIONS TAKEN Source of data: Med. record \(\sigma \) Do HUS BROID CRITER LIZE SQUAD THEEN TO GODD	Defection Exercise bitser eff Strong emi Steepingf	n/miclurillon ortiul activity illon/arquing eating/aiting Other	1 2 1 2 1 2 1 2 1 2
3.		Defection Exercise-bither eff Strong emit Steepingto coor Nurse	n/miclurillon ortiul activity illon/arquing eating/aiting Other	111111
3.	SAMPRITAN CT: RT TEMPORIL to Lobe Nom.	Defection Exercise-bither eff Strong emit Steepingh	n/miclusson ortid activity don/erguing eating/aiting Other	111111
3.	HUSBAND CALLED LITE SQUAD THEN TO GOOD SAMPLIAN CT RT TEMPORIE DE LOBE DEM. 55.44 5 MASS 87207 SLIGHT RT 7 LT Sh. 27	Detection Exercise-bitler eff Strong emi Steepingf clor	orthicumion orthicumion orthicumion orthicumion orthicum	111111111111111111111111111111111111111
3.	HUSBAND CALLED LITE SQUAD THEN TO GOOD SAMARITAN CT: RT TEMPORIL to Lobe Hom. 55.44 5 MASS 87207 SLIGHT KT-7 LT Sh. 27 SM FT RIM SOH PHOLOGICA = 12 MM TRIXUSED	Detection Exercise-bitter eff Strong emi Steepingf clor Murae Date & Time of	orinicis/filon oritis activity ition/erguing eating/alting Other	111111111111111111111111111111111111111
	HUSBAND CALLED LITE SQUAD THEN TO GOOD SAMPLIAN CT RT TEMPORIE DE LOBE DEM. 55.44 5 MASS 87207 SLIGHT RT 7 LT Sh. 27	Detection Exercise-bitler eff Strong emi Steepingf clor	orthicumion orthicumion orthicumion orthicumion orthicum	111111111111111111111111111111111111111

B DAGNOSTIC STUDIES	
Heed Imaging Study	ŗ
1. Type of study	e ·
SHOWED EVIDENCE OF HEMORPHAGE; MRI 2 With contrast 2 MRIMINA 3 Q With & without contrast 3	.
2. Date and time of study Location study performed: Con D SAMAR. (A) month day year hour min pm 2	ņ
3. Findings: Normal 1 @ 8 AVM 1 @ 8 Ischemic 1 @ 8	ø
Intraparenchymal hemorrhage (1) 2 8 Aneurysm 1 2) 8 Other (1) 2 8 Subsrachnoid hemorrhage (1) 2 8 Tumor 1 (2) 8	
Lumber Puncture	r.
1. Date and time of study	£
2. Red blood count	rı.
3. Xanthochromasia present Yes 1 No 2 Unc 3 4. Opening pressure mmH20	æ
Angiogram Not done 2	p:
1. Type of Study 4-vessel 4 3-vessel 2 1-vessel 1	Æ
2. Date and time of study	æ
Yes No Ung Yes No Ung Yes No Ung	
3. Findings Normal 1 2 8 AVM 1 2 8 Thrombus 1 2 8 Aneurysm 1 2 8 Speam 1 2 8	ī
Tumor 1 (2" 8 Other 1. 2 8	
Staff completing section / Date completed	
C. DIAGNOSTIC IMPRESSION	
ICHECK DOCUMENTS AVAILABLE Admission notes Head CT report Angiogram	-
AT TIME SECTION COMPLETED! Discharge summary MRI report LP Results Form 02c	٧
Eligibility of Event®	i
1. Event type IF OTHER, DESCRIBE: Hemorrhagic stroke 1 Other 3 Non-hemorrhagic stroke 2 Uncertain 8	(PG)
Turnor 01 Blood dyscrasious 05 Other 09	[et]
FOTHER SPECIFY: Vascuitts 02 Aneurysm 06 Uncertain 88 AVM 03 Anticoequients 07 NA 99	
Cavernous malformation 04 Thrombolytic agents 98	
Determination of Index Date/Focal Time	
1. Index Date/Focal Time 1 JONSET OF SXS LEADING TO DUIGNOSIST 0 1 1 5 19 7 06:00 pm 2 not 0 K 8	(423)
Present 1	(74)
2. SENTINEL SYMPTOMS: Absent (2) CONSET OF SENTINAL SYMPTOMS Sentinal Date hour min DK 8	(/#
Staff completing section / Data completed 301 01127198	(87)
END OF FORM OF	₹

HSP Event Evaluation (from subject)	FORM 02c
CASE STUDY NUMBER 350080 FIR	ST 3 LETTERS OF LAST NAME
DATE FORM 02 COMPLETED 021/3192 PE	RSON COMPLETING FORM 3 02
A DESCRIPTION OF NEUROLOGIC EVENT ************************************	
SYMPTOMS: Can you describe the symptoms that inought you to the he When did you FIRST begin to feel these symptoms?	capital?
CASE DOSNIT REMEMber, Feeking ill OS	Mediche 1 2 (8)
OI/15198 LETT FOR WORK AT 46:00 AM	Worshing 1 2 (8)
CUAS Smoking A Cignette & DENKING CO	Left-acted weekroom 1 2 8
AT TIME THAT'S LAST Think The CASE	Memory problematorskalon 1 2 8 Change introuble vision 1 2 8
Remember's	Other (1 2 8
PRONG STATED THAT THE CASE heel	Time month day year
NOT COMPLANA OF FEEL No 111	Symptom 06:00 (m)
ON ILISIAN APPROX 45 MINS BATER	Onset for min pm
The CASE had Lett FOR WORK he Town	
E SLIGHT DAMAGE CASE WAS RESTERI-	Wiese My Sout belre
4 correspondine	
2. PRECIPITATING ACTIVITIES: What were you doing at the time you FIRS symptoms that brought you to the hospital	
	Yes No Unc
DRIETE & To WOLK	Sexual activity 1 (2) 8 = Defection/iniciarities 1 (2) 8
	Exercise/offer efforth/ activity 1 2 8 Strong emotion/erguing 1 2 8
	Sesping/resting/sitting 1 (2) 8 Other (1) 2 8
3. ACTIONS TAKEN What did you do in response to these symptoms? When did you FIRST go to a hospital for these symptoms	
CASE DOSEN'T Remember PROYU STATES	<u>_</u>
Le Culled 1:20 SQUAD & CASE WAS TAKEN	Date & 0,115196
TO GOOD SAMAR. TAN	Time month day year of
	Arrival 07:59 gg

First Q1	t, I have 2 'yes/no' questions. Can you tell me, [Yes or No], as	k your level of alertness. part of this study, have we asked you to take a ked you to answer a series of questions?	pitt?
Q3 Q4	What is the current month? How old are you?	Q5 Please, close and open your eyes. Q7 L/Q6 Please, close and open you hand.	evel of consciousness; left drawy, staporous; come
		OIN QT <u>Aver</u>	Acceptable 10 Not acceptable 2 Check if able to interview
Q1 Q2 Q3 Q4		Y/N Q7	Acceptable 1 Not acceptable 2 Check if able to interview
Q1 Q2 Q3 Q4		Y/N Q7	Acceptable 1 Not acceptable 2 Check if able to interview

	<u></u>	<u> </u>				
	Y/N					
Q2 Q3	Y/N	•	Q5 Y/N	Q7		Acceptable 1 Not acceptable 2
Q4			Q6 Y/N		· · · · · · · · · · · · · · · · · · ·	Check if abie to interview
						····

As a separate study we are also examining the usefulness of indirect - or Proxy - interviews for medical research. We would like to ask a person who knows you well some of the same questions as we ask you; We will then compare their responses with yours to see how useful these 'proxy' interviews are in providing information. We would like to speak with the person who knows best how you felt and what medications, if any, you may have taken in the two weeks before your admission. Would it be possible for us to speak with that person and ask them if they would be interviewed?

				•
No ☐	Yes	Ø.	F YES	RECORD PROXY INFORMATION ON FORM 01.3

ł	LLNESS SYMPTO	OMS AND MED	CATION USE				
	e First Lwould III	ka to ask you ab	oout some common illnes	s symptoms.		•	
	FOR EACH SYMP	AGE 104	o vou racell beving a ISYI	MPTOM! at any time o	uring this 2-wee	k period?	
		(7A	VOICATE ID AND THE 2 WEE	K PERIOD BEFORE ID O	N CALENDAR.]		•
			SKIP TO NEXT SYMPTOM.				
-	Did you Did you	, have this [SYN	ow AND PROBE: MPTOM] on [ID]? MPTOM] at any time in the MPTOM] at any OTHER to cation to treat this symptometric.	e three days before [IC ime during this 2-week om during this period?	o]? operiod? [IF YES, PROBE.	FOR AND RECOR	D MED(S).]
		SYMPTOM	DAYS PRESENT			and for sumst	ഹ
•		PRESENT?	ID -1,-2,-3 Other day	/s MED. USED?	Medications	used for sympt	<u>2011</u>
	SYMPTOM		(1±YES; 2=NO: 7=REF; 8=DK)-				•
						•	
		121				·	
	a. Cough	[2]	<u></u>	-	-		
		1.51		1 1	· .		<u> </u>
	b. Runny nose	2					
					•		· _ '
	c. Nasal	[2] (15)		ا لسا		-	
	congestion	(15)					
	d. Sore throat	(2)					<u> </u>
		(20)					
	e. Headache	121			THECORD MEDIC	ATION NAMES IN	SECTION E
	6.1.00000000	(25)			MECOND WEDIO	A 710 to 117 time 0 115	1
	F IE ANV SYM	PTOMS REPORTE	ED IN [a-d], PROBE:				er 7 OK 8
	On you had	ieve vour sympi	itom[s] was!were caused	by a respiratory	Alle Neither/	. 9	/K 0
	infection (S	uch as a cold o	or flu) or were due to aller	gies?	Metrici	011101	
1							
		19. a	o recall ANY [other] MED	CATIONS you may ha	ive used during	this time period	•
	2 Now I would	INC YOU ID MY IN	PERIOD BEFORE ID ON CA	LENDAR.]			. havia taka
-	Please look a	t the calendar a	<i>PERIOD BEFORE ID ON CA</i> again and take a minute t	o think about ANY [oth	er] medication o	и огоо усо паху Котыво⊭ ТМ	MAYE LAKE
•	ON THE ID, I	N THE THREE	again and take a minute to DAYS BEFORE THAT D	ATE, OR AT ANY OH	HER TIME DAN	v a doctor OR	
	We are intere	Sted in AIVY me	edication that you may ha	A6 (skeu! lucinging ni	nee biegeineer		. * *
	mai you bou	int over the con	unter.			Sec. 200	4. # 1
	A India mane	ne of madication	ns recalled below:	[Other] medication re	ecalled 1 No	ne recalled(2)	DK 8
	<u>Note nam</u>	<u>es di Medicandi</u>					
				·		<u> </u>	
	·						

[RECORD MEDICATION NAMES IN SECTION B.]

Confidential

Page 2

HSP00058

ay have taken during this period of time.
zy tarre tallett delling and period of ania.
TAKEN
1=YES; 2=NO; REF; 8=DRJ <u>It medication taken, note names below;</u>
[2]
2
2
2
2
[2]
ن نے
[RECORD MEDICATION NAMES IN SECTION B.]
have used during this time.
nese questions regarding drug use are
y important for this research. used any of these drugs during this period.
1 0000 diry of glood drage during this portion.
TAKEN t-yes, 2=no;
r=REF; B=OKJ <u>It grug taken, note names below:</u>
[2]
[2]
<u>6</u> 2
(a2)
12
62
[2]
2
2
2
2
2
[RECORD DRUG NAMES IN SECTION B.]
UG USE IN SECTION B1.

Page 3

Case 1:01-cv	-00164-HJW	Document 34	1-6 Filed	10/05/2004	Page 10 of 20
AFFEINE USE		<u> </u>		<u></u>	
low. I'd like to ask a few qu Ve are only interested in dri	testions about your o inks that contain caffe	consumption of coffeeine. Please, do no	e and other beve I include decaffei	rages containing nated beverages	caffeine, In your answers.
FOR EACH DRINK TYPE:	cups of coffee cups of tea., caffeinated soda	REPEAT GU	ESTIONS IN BO	XED AREA.	
going BACK 3 DAYS	Do you ever drink [D		(If ID, probe for u	ny [DRINK TYPE se before Focal 7	imej
	What was your avera	age DAILY consum	otion of [DRINK T	YPE] in the last 5	months?
					Average daily
DRINK TYPE	Never Used ID*	<u>-1</u>	<u>-2</u>	:3	consumption.
Cups of coffee		<u>o</u> <u>o</u> 4.0	<u>0</u> 4.0	0 4 0	<u>O</u>
Cups of tea finduding idea	tea) 🔀 💢	— · 723) — · — ·	(26) — —	(29) — —	(32) 8 oz. cups
3. Caffeinated sodas (e.g., Coke, Pepsi, Mountain :	Dew) (35)	(38)	(41) — —	(44) — · —	747)
IF CAFFEINATED BEVERAC		re-containing bevec	age was on day is	Caneme: C	5:5 9 am (1) (50) ne of day pm 2 dk 8
 Did you take any caffein No-Doz or Vivarin) on ID 	e-containing stimular or in the 2 weeks be	nts (such as efore ID?	Yes 1 No 🕖	Ref 7 DK 8	(85)
ALCOHOL USE				····	
Now, I'd like to ask a few o	questions about your	use of alcohol.			
The first few questions of a. Have you ever felt to be Have people approved.	cover your past, as w hat you ought to cut o ed you by criticizing you and or guilty about yo a drink first thing in the	rell as current, use o down on your drinki your drinking?	1	No. Bef 7 7 7 0 7 0 7	DK 8 (5) 8 8
2. in the last 6 months, ha beer, wine, mixed drink	ve you consumed an	y alcoholic beverag	es (that includes	SKIP TO	Yes 1 (9 No (2) E<- Ref 7
FOR EACH DRINK TYPE	glasses of wi bottles or cans o mixed drinks or l	fbeer, REPEAT	QUESTIONS IN	BOXED AREA.	DK '8
Repeat question, starting with ID and going BACK 3 DAYS	Do you ever drink [*(If ID, probe for	use before Focal	1
	What was your ave	erage WEEKLY con	sumption of [DRII	NK TYPE] in the l	ast 6 months?
DRINK TYPE	Never Used ID*	<u>-1</u>	:2	-3	Average weekly consumption
a. Glasses of wine		· ·'———————————————————————————————————	- [15] ·	- (19) — —	(22) • 4 oz glass
b. Bottles/cans of ber		<u>(13)</u> — — — — — — — — — — — — — — — — — — —	- (31)	- (34) — —	(37) 12 oz bors
c. Mixed drinks/lique	rs (25)	· — (43) — -	- (45) — '—	(49) — —	
d. During this 4-day p On that day, a		R <i>OBE:</i> hol-containing drink	was on day (SPE	ECIFY DAY], ng alcohol?	am 1 e

Page 7

am pm dk

	ACCO USE	· · · · · · · · · · · · · · · · · · ·	<u> </u>			·	
la	ave you ever smoked	l cigarettes?			•		Yes ①
		-				SKIP TO 2 <-	No 2 Ref 7
						Ļ	DK 8
	At what age did you		ing cigarettes?				<u> </u>
	Do you still smoke	cigarettes?			SKIP TO	ves () No 2	Ref 7 DK 8
	IF NO, PROBE:	During the year	t been since you rs you smoked, igarettes would y		oked in an aver	age dav?	yrs. cgs.
	SKIP TO d.	· · · · · · · · · · · · · · · · · · ·		 -			
	Rapaat question, starting with ID and going BACK 3 DAYS	Can you te	ll me, on [DAY] h be for use before	now many cigar Focal Time]	ettes did you sn	noke?*	
	How many ciga	rettes would you	ı say you normal	ly smoked in ar	n average day o	ver the last 6 mor	nths?
		<u>ID*</u>	<u>-1</u>	-2	<u>-3</u>	Avg. daily cigar	ettes
	Cigarettes	00 2.0	300	<u> </u>	300	<u>3</u> 0.00	gerelles
ָ ֡ ֡	Did you use any nîco	what time of day	/ did you have yo	or ricotine our	tte?	으로: S Time of a es 1 No(2) R	am G Fay pm 2 dk 8
((such as Nicorette) o	n ID or in the 2 v	veeks before ID?				
Ľ۱	ve you ever smoked	cigars?		•••			Yes 1 No (2)
					•	SKIP TO 3 <	Ref 7 DK 8
	At what age did you	i first start smoki	ng cigars?			_	
	Do you still smoke o	cigars?			SKIP TO C		
	IF NO, PROBE:	How long bas it	t been since you	last manuala		No 2	DK 8
	SKIP TO 3.	During the year			d in an average	day?	yrs. cgs.
	•						<u>:</u>
.	Repeat question, starting with ID and going BACK 3 DAYS	Can you tel	ll me, on [DAY] h	ow many cigare Focal Time]	s did you smoke	??*	
	starting with ID and going BACK 3 DAYS	<u>"[If ID, prob</u>	e for use before .	Focal Time]	-	i?* the last 6 months?	?
	starting with ID and going BACK 3 DAYS How many cigar	<u>"[If ID, prob</u>	e for use before .	Focal Time]	-		
	starting with ID and going BACK 3 DAYS How many ciges Cigars	*Ilf ID, prob rs would you say ID*	y you normally sn	Focal Time] noked in an ave	erage day over	the last 6 months'	
	starting with ID and going BACK 3 DAYS How many cigar Cigars GARS USED ON ID1, During this 4-day pe	*In ID, prob rs would you say ID* (46)	y you normally sn	Focal Time] noked in an ave -2 753 — — SPECIFY DAY	-3 (55)	he last 6 months' Avg. daily cigar	5

9. Have you ever had any episodes of prolonged or heavy bleeding

10. Before [ID], did you ever suffer from migraine headaches?

[e.g., heavy bleeding after a tooth extraction or after a cut to your skin]?

IF YES, ASK: Has a doctor ever told you that you had migraine headaches?

(35)

(36)

OF INFORMATION	
SES INFORMATION	
Finally, I have a few general questions.	an D-1 77 /5
white not of hispanic origin (DV Indian (A	n.)/Alaskan native 05 Ref 77 (5)
1. To what editile of hispanic origin UZ As	n/Pacific islander 06 DK 88 Other 07
do you beiong: Rlack not of hispanic origin 03	Otheror
Black, of hispanic origin 04	
	ever married 1 Divorced 5 m
	Married @ Separated 6
2. Are you currently married of thing in the you ever been married? Livin	with partner 3 Ref 7
IL Oldanu mu-t	Widowed 4 DK 8
	7 m
the standard that you completed?	Highest grade / 4 (6)
3. a. What was the highest grade of schooling that you completed? **College=13 14 15 16 17**	Ret 7 7 DK 8 8
No formatication=00	DK 9 9
Elementary school=12343070	
High school=9 10 11 12	ASK: Highest grade //
b. IF SUBJECT IS CURRENTLY MARRIED/or living with partner (OR HAS BEEN MARRIED)	ASK: Highest grade 7 7
 b. IF SUBJECT IS CURRENTLY MARRIED/or living with partner (OR FALS BEEL MARRIED/OR living with par	DK 8 8
993144	
	Currently employed \(\mathbf{U} \)
4. a. Are you currently employed outside of the home?	Formerly employed 2
4. a. Are you currently employed bubble of survival and the home? IF NO, PROBE: Have you ever worked outside the home?	Never employed 3
	Ref 7
PRORE	DK 8
IF CURRENTLY [FORMERLY] EMLOYED, PROBE: What work do [did] you do [in your last place of employment]?	A043 m
FACTORY WORK OF GOING	Q=10
	A 1975
b. IF SUBJECT IS CURRENTLY MARRIED/or living with panner (OR HAS BEEN MARRIED)	nace of employment?
What work does (did) your spouse/partner tromes opening	t place of employments 983 ar
FACTORY SLIPPING	
* - Hannanaa?	Yes (1) (27)
5. Are you currently covered by any medical insurance?	No 2
	SKIP TO 6 <- Ref 7
	<u>DK 8</u>
	Other private 4
tall the set incurrence do you have?	Medicare 1 Critici Princip
a. What type of insurance do you have?	Miedicalo A
	HWO (3) DK 8
1 thing the VI con	rou tell me Code
6. Please look at this table (SHOW CARD). Using the letters shown. (A - X) can	st year? Ref 7
6. Please look at this table (SHOW CARD). Using the letters shown (v. 7) which letter corresponds to your (and your spouse/partner's) income for the purpose salaries, government assists	nce help DK (8)
Include income from all sources such as wages, called	
from relatives, rent from property, etc.	
/or homo!?	<u>45223</u> "
7. What is your zipcode (at home)?	
8. May we have your full home address for purposes of a possible follow-up stu	ty ?
RECORD ON FORM 01.]	
INCOURT ONLY OF THE ANY	
That is the end of the interview. Thank you very much for your answers.*	
071121	8 10:10 AND PM 2 15
INTERVIEW COMPLETED	· · · · · · ·

END OF INTERVIEW

Verify medications.

INTERVIEWER OBSERVATIONS	IPLEASE COMPLETE IMMEDIATELY FOLLOWING INTERVIS

. Aphasia severity rating	YEASES GIVEY					
No usable speech or au	uditory comprehension				7	. (S)
All communication is th	rough fragmentary expres	scion: great need	for inference questi	inging, and guessing		
by the listener. The rai	nge of information that car	be exchanged is	s limited, and the list	ener carries the	€	
Conversation about far convey the idea, but pa	miliar subjects is possible value of the shares the burden of	with help from the f communication	a listener. There are with the examiner.	frequent failures to	5	
The nationt oon discussion	s almost all everyday prob	ilems with little or	nn assistance. Ber	fuction of speech		
and/or comprehension	, however, makes convers	ation about certa	in material difficult o	r împossible.	9	
Some obvious loss of f	fluency in speech or facility	or comprehensi	on, without significat	nt limitation on ideas	3	٠.
expressed or form of e	xpression.	2.		1		
Minimal discemible spe	eech handicaps; patient m	ay have subjects	ve difficulties that arr	n't apparent to listener	. 2	
No deficits					.1	
Language ability of subject	ct during interview:			vo language problem	D -	(6)
Language abinty or subject	at burning in territoria			ulty speaking English		٠.
			Has great diffic	ulty speaking English	3	
		•			0	٠.
Language spoken by sub	ject during interview:	•		English Spanish		. 0
A STATE OF THE STA			•	Portugese		
				ltalian		
			SPECIFY:	Other	-	
				T. 100		
Rate your confidence in ti	ne ability of the subject to	give`an accurate	history:	Very confident		. (8)
				Fairly confident		
				Confident Somewhat confident		
				ittle or no confidence		
		•		ittle of the collingerice		
Was anyone else present	t during the interview?			No	Ω	: (9
				Spouse		
				Child		٠.
				Other relative		
	ATTERNOON CONTRACTOR			Friend		
			4550/F/4	Neighbor		٠.
			SPECIFY:	Other	,	
IF YES: How long were th	nev present?	'		Entire interview	1.	(1)
			During first half o	nly [i.e., sections A,B]	2	
				iring second half only		
_						
			rd but I alam			
Was the interview comple	eted? Yes; Interview complete	ed with considera	ble amount (>1/10) :		2	,a:
		N	io: Interview termina	ted before completion	3	
IF INTERVIEW NOT COMPLE	ETED: When did interview	w end?	Last page c		··	(1)
Samuel State of the State of th			Last question c	ompieted		(i-
The second secon		_ '				

Confidentia

> : Proxy Case Interview

FORM **0**4

STUDY NUMBER

080 P ತರ ೦

FIRST 3 LETTERS OF LAST NAME

DATE OF INTERVIEW

PERSON COMPLETING FORM

TIME INTERVIEW STARTED

12:05 M

REVIEW OF INDEX DATE AND PRECEDING TIME PERIOD

During this interview, we would like to focus on [CASE NAME] experiences in a specific period of time; that is, the day [ID], and the TWO WEEKS before that day. ındex date

To help you remember, we will be using this calendar. [DISPLAY CALENDAR] I will circle the index date, which was a [DAY OF WEEK] and note the time of day that [CASE NAME] started to have symptoms [O & : O O (anypm) and the time of day when [HE/SHE] arrived at the hospital 10 2: 5 9 [NOTE ON CALENDAR DATE OF HOSPITAL ARRIVAL, IF DIFFERENT FROM INDEX DATE.]

I would like you to try to remember that day [ID] and the 2 weeks before that day. [HIGHLIGHT DAYS ON CALENDAR]

Was there a trip, birthday or other special occasion during that time period that would help you to remember? MARK ALL BIRTHDAYS, SPECIAL OCCASIONS, ETC. ON CALENDARI

Before we begin, we would like you to know that your responses to these questions will be completely confidential. We have received a Certificate of Confidentiality from the Department of Health and Human Services. This certificate protects medical investigators from being forced to release data in which a research subject may be identified. Researchers are allowed to reveal your identifying information only if you consent in writing to its disclosure. When results of this study are published, neither your name or [CASE]'s name will be used.

Neither your name or [CASE]'s name will be attached to this interview form. Please remember that your frank answers are critically important for this research.

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28(m) A	4.00			-			• •		-
st, I would li	ika to ask	you about so	me comm	on illness sy	mptoms.				
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IF NO, RECC	ORD BELOV	V AND SKIP TO	NEXT SYN	иртом.			• ,		٠.
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[RECORD MEDICATION NAMES IN SECTION B.]

I would now like to ask you about some OTHER DRUGS [CASE NAME] may have used during this time. INDICATE to AND THE 2 WEEK PERIOD BEFORE ID ON CALENDAR.] As with all your answers during this interview, your responses to these questions regarding drug use are confidential and please remember that your frank answers are very important for this research. Please look at this table [SHOW CARD] and try to remember if [CASE NAME] used any of these drugs during this peril will point to each drug. Did [HE/SHE] use TAKEN	and the second s		
TAKEN	in the first of the control of the c		
TAKEN	I would now like to review some SPECIFIC MEDICATIONS (CA	SE NAME) r	nay have taken during this period of time.
Aspirin A Blood thinners (such as Advil, Motrin, Napresyn, or Felder-el? Ashima medication (e.g., an Inhaler, Theophyllina, or Prednisonel? Ashima medication (e.g., an Inhaler, Theophyllina, or Prednisonel? Ashima medication (e.g., an Inhaler, Theophyllina, or Prednisonel? Medication for depression (such as Marplan, Nardil, or Paransis)? Hemorroidal preparations? I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. INDICATE IO AND THE 2 WEEK PERIOD BEFORE ID ON CALENDAS.] As with all your answers during this interview, your responses to these questions regarding drug use are confidential and please remember that your frank answers are very important for this research. Please look at this table [SHOW CARD] and try to remember if [CASE NAME] used any of these drugs during this parily life [HE/SHE] use IAKEN INTERS. PANO TAREN TA	TINDICATE ID AND THE 2 WEEK PERIOD BEFORE ID ON CALENDAH.	ŤAVEN	
a Pspirit S b. Apditomisophen - [such as Tylenoll? c. Anji-Inflammationes [such as Advil, Mothin, Napresyn, or Felder.el? d. Bligod thinners - [such as Coumadin]? e. Ashirma medication [e.g., an kinaler, Theophyllina, an Pradnisone]? f. Medication for depression - [such as Marplan, Nardil, or Pamais]? g. Hemorroidal preparations? I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I mould now like to ask you about some OTHER DRUGS (CASE NAME) may have used duri	ON HESHET take.	[1=YES; 2=N	O;
b. Action of the found of Julian as Tylanog? c. Applinting materials (Such as Advil, Mortin, Napresyn, or Felder.e)? d. Blood trinners (Such as Coursadin)? e. Astima medication (E.g., an Inhaler, Theophylline, or Prednisone)? e. Astima medication (E.g., an Inhaler, Theophylline, or Prednisone)? f. Medication for depression (Such as Marplen, Nardil, or Parrais)? g. Hemorroidal preparations? I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time, INNDICATE IO AND THE 2 WEEK PERIOD BEFORE IO ON CALENDAS]. As with all your answers during this interview, your responses to these questions regarding drug use are confidential and please remember that your frank answers are very important for this research. Please look at this table (SHOW CARD) and try to remember if (CASE NAME) used any of these drugs during this peril lyll point to each drug. Did [HE/SHE] use TAKEN INVEST DANCE THERED DANCE		7=REF; 8=DK)	if medication takers, note names below.
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C. Anti-inflarinationes Such as Advil, Motrin, Napresyn, or Felderel? 2 2 d. Blood thinners Such as Cournedin]? e. Ashirina medication Such as Marplan, Nardil, or Partials 2 f. Medication for depression (Such as Marplan, Nardil, or Partials)? 2 g. Hemorroidal preparations?	h Acetominophen [such as Tylanof]?		
d. Blood trinners (such as Cournedin)? e. Ashing medication (e.g., an Inhales, Theophyllina, or Prednisone)? g. Hemorroidal preparations? I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some OTHER DRUGS (CASE NAME) may have used during this time. I would now like to ask you about some of the proposed of the proposed during this time. I would now like to ask you about some of the proposed during this time. I would now like to ask you about some of the proposed during this time. I would now like to ask you about some of the proposed during this time. I would now like to ask you about some of the proposed during the proposed during this time. I would now like to ANME of the proposed during this time.		[2]	
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INDICATE ID AND THE 2 WEEK PERIOD BEFORE ID ON CALENDAR.] As with all your answers during this Interview, your responses to these questions regarding drug use are confidential and please remember that your frank answers are very important for this research. Please look at this table [SHOW CARD] and try to remember if [CASE NAME] used any of these drugs during this period will point to each drug. TAKEN Interest 24NO; TAKEN TA	g. Hemorroidal preparations :	لبا	IRECORD MEDICATION NAMES IN SECTION B.
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confidential and please remember that your frank answers are very important for this research. Please look at this table [SHOW CARD] and try to remember it [CASE NAME] used any of these drugs during this period. I will point to each drug. ITAKEN II-VES; 2-MC; 7-AREP; \$-DIQ II drug taken, note names below: a. Marijuana b. Hashish c. Cocaine/Crack d. Speed e. LSD f. Ecstasy g. Heroin h. Methadone i. ICE j. PCP k. Inhalents 1. Other	[INDICATE ID AND THE 2 WEEK PERIOD BEFORE ID ON CALENDAR.]	in these nie	stions regarding drug use are
Please look at this table [SHOW CARD] and try to remember it [CASE NAME] used any of these drugs during this period [HE/SHE] use TAKEN	annitidation and places remember that your frank answers are	verv importa	ant for this research.
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Indicated Indi	I will point to each drug.		
a. Marijuana b. Hashish c. Cocaine/Crack d. Speed e. LSD f. Ecstasy g. Heroin h. Methadone i. ICE j. PCP k. Inhalents 1. Other	Did [HE/SHE] use	FI=YES: 2=N	ю;
b. Hashish c. Cocaine/Crack d. Speed e. LSD f. Ecstasy g. Heroin h. Methadone i. ICE j. PCP k. Inhaients 1. Other		7±REP; 8±DK	i ir drug taken, note names below:
c. Cocaine/Crack 2 d. Speed 2 e. LSD 2 f. Ecstasy 2 g. Heroin 2 h. Methadone 2 i. ICE 2 j. PCP 2 k. Inhalents 2 l. Other 2	a. Marijuana	2	
c. Cocaine/Crack 2 d. Speed 2 e. LSD 2 f. Ecstasy 2 g. Hieroin 2 h. Methadone 2 i. ICE 2 j. PCP 2 k. Inhalents 2 l. Other 2		لدا	
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k. Inhalents 2	i, ICE	12	
1. Other	i. PCP	2	
1. Other	k. Inhalents	2	
FORCODE SQUARAGE IN CECTION P.1		ાં ચ	
[RECORD DROG NAMES IN SECTION 6.]	i. Chici		[RECORD DRUG NAMES IN SECTION B.]
RECORD DETAILS OF MEDICATION/DRUG USE IN SECTION B1.	RECORD DETAILS OF MEDICATION	IDRUG USE	IN SECTION B1.
RECORD DETAILS OF MEDICATION/DRUG USE IN SECTION B1.	k. Inhaients 1. Other	<u>고</u> 12	<u>- </u>

Page 3

CAFFEINE USE
Now, I'd like to ask a few questions about [CASE NAME'S] consumption of coffee and other beverages containing caffeing. We are only interested in drinks that contain caffeing. Please, do not include decaffeinated beverages in your answers.
cups of coffee FOR EACH DRINK TYPE: cups of tea , REPEAT QUESTIONS IN BOXED AREA. caffeinated sodas
Repeat question, starting with ID and going BACK 3 DAYS On [DAY] how many [DRINK TYPE] did [HE/SHE] have?* [If ID, probe for use before Focal Time.]
What was [CASE NAME's average DAILY consumption of [DRINK TYPE] in the last 6 months?
DRINK TYPE Never Used ID* -1 -2 -3 consumption
1. Cups of coffee
2. Cups of tea (including iced tea) (20) (20) (20) (20) (20) (20) (20)
3. Caffeinated sodas <u> </u>
IF CAFFEINATED BEVERAGES CONSUMED ON ID,-1, -2, OR -3, PROBE: During this 4-day period, [HIS/HER] last caffeine-containing beverage was on day [SPECIFY DAY], On that day, at what time of day did [HE/SHE] have [HIS/HER] LAST drink containing Office of day om 2 caffeine?
4. Did [HE/SHE] take any caffeine-containing stimulants (such as No-Doz or Vivarin) on ID or in the 2 weeks before ID? Yes 1 No 2 Ref 7 DK 8
ALCOHOL USE
Now, I'd like to ask a few questions about [CASE NAME]'s use of alcohol.
1. The first few questions cover [HIS/HER] past, as well as current, use of alcohol. a. Has [HE/SHE] ever felt that [HE/SHE] ought to cut down on [HIS/HER] drinking? b. Have people annoyed [HIM/HER] by criticizing [HIS/HER] drinking? c. Has [HE/SHE] ever felt bad or guilty about [HIS/HER] drinking? d. Has [HE/SHE] ever had a drink first thing in the morning to steady [HIS/HER] nerves or to get rid of a hangover?
2. In the last 6 months, has [CASE NAME] consumed any alcoholic beverages (that includes Yes 1 No (2) SKIP TO E Ref. 7 DK 8
glasses of wine FOR EACH DRINK TYPE: bottles or cans of beer, REPEAT QUESTIONS IN BOXED AREA. mixed drinks or liquers
Repeat question, starting with ID and going BACK 3 DAYS What was [CASE NAME]'s average WEEKLY consumption of [DRINK TYPE] in the last 6 months?
Average weekly
Never Used ID* -1 -2 -3 consumption
a. Glasses of wine (10) (13) (15) (15) (19) (22) (22)
b. Bottles/cans of beer
(40) (43) (46) (49) (52) iiquer)
d. During this 4-day period, (HIS/HER) last alcohol-containing drink was on day [SPECIFY DAY]. On that day, at what time of day did [HE/SHE] have [HIS/HER] LAST drink containing am 1 alcohol? Time of day pm 2 dk 8
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as	[CASE NAME] ev	er smoked c	garettes?		•					Yes (<u>-</u>
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NTERVIEWER OBSERVATONS	[PLEASE COMPLETE IMMEDIATELY FOLLOWING INTERVIEW.]	
Language ability of subject during i	interview: No language problem G Has some difficulty speaking English Has great difficulty speaking English) (5) 2 3
and a branching durin	را به المهر والدين المنظور الإنجاز المنظور ال	 D (6)
2. Language spoken by subject during	Spanish	2
	· · · · · · · · · · · · · · · · · · ·	3
	talian 4 SPECIFY: Other 5	4 5
	0 2 	
3. Rate your confidence in the ability	Of the subject to dive an according thatony.	1 m 2 3)
		4
	Little or no confidence	5
4. Was anyone else present during the	he interview?	() (6
4. Trabanyone old process	Spouse	2
		3 4
		5
	Neighbor	6
	SPECIFY: Other	7
	Patter talandani	•
IF YES: How long were they prese	ent? Entire interview During first half only [i.e., sections A,B]	1 · 6
•	During second half only	3
5. Was the interview completed? Yes; Ir	Yes; Interview completed with little (<1/10) or no missing information nterview completed with considerable amount (>1/10) of missing information. No: Interview terminated before completion	2
IF INTERVIEW NOT COMPLETED: V	When did interview end? Last page completed Last question completed	
6. Where was the interview conductors IF OTHER, SPECIFY:	ted? Hospital 1 Rehab. center 2 Subject's home 3 Subject's office Friend/neighbor home 5 Other	4 <i>t</i>
7 Conder of proving respondent	Female 1 Male	(2)

END OF FORM 4P